

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE

2010 JUN 16 AM 9:20

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HEATON

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

DAVID HEATON

Political Party (if applicable)

REPUBLICAN

Office Sought

STATE REPRESENTATIVE

District (if Senate or House)

91

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a



SIGNATURE OF PERSON FILING REPORT

319-395-1528 Ext 1537

TELEPHONE

6/15/2010

DATE SIGNED

I AM FILING A ~~NOVEMBER 28, 2008~~ 10/28/10 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date)

Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED ~~NOVEMBER 28, 2008~~ 10/28/10

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

42,170.67

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

3,925.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

46,095.67

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

23,702.90

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

22,392.77

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

1,177.50

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens For Heaton

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/16/08	ID# CK# 1045	House Majority Fund 621 E. 4th Str. Des Moines, IA 50309	Contribution	\$ 6,000.00
10/16/08	ID# CK# 1046	Creative Leap Inc 1001 Office Park Rd. Suite 121 West Des Moines, IA 50265	Printing	932.15
10/17/08	ID# CK# 1047	Mt. Pleasant News 215 W. Monroe Mt. Pleasant, IA 52641	Advertising	637.40
10/17/08	ID# CK# 1048	Ft. Madison Democrat 1226 Ave H Ft. Madison, IA 52627	Advertising	458.00
10/17/08	ID# CK# 1049	New London Journal 138 West Main New London, IA	Advertising	153.00
10/17/08	ID# CK# 1050	Winfield Beacon 107 W. Elm Winfield, IA 52654	Advertising	127.50 286.50
10/17/08	ID# CK# 1051	Bonny Buyer 302 4th Street West Point, IA 52656	Advertising	284.50
10/22/08	ID# CK# 1052	KITH Radio 2411 Radio Dr. Mt. Pleasant, IA 52641	Advertising	995.00
SUB-TOTAL				\$ 9,583.55
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens For Heaton

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/22/08	ID# CK# 1053	Ft. Madison Democrat 1226 Ave H. Ft. Madison, IA 52627	Advertising	\$ 403. ⁹⁰
10/22/08	ID# CK# 1054	Mt. Pleasant News 215 W. Monroe Mt. Pleasant, IA 52641	Advertising	274. ⁷⁵
10/24/08	ID# CK# 1055	House Majority Fund 621 E. 4th Street Des Moines, IA 50309	Contribution	12,000. ⁰⁰
10/24/08	ID# CK# 1056	Wayland Reporter	Advertising	170. ⁰⁰
10/25/08	ID# CK# 1057	Postmaster Mt. Pleasant, IA 52641	Stamps	1,260. ⁰⁰
10/15/08	ID# CK# BK	US Bank	Service Charge	10. ⁷⁰
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$14,119. ³⁵
TOTAL (if last page of this schedule)				\$23,702. ⁴⁰

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen for Heaton

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/18/08	ID# CK# 8175	Ron Sullenhamp 108 7th St West Point IA 52656		\$ 25.-	<input type="checkbox"/>
10/18/08	ID# 9742 CK# 1218	All Children's Matter 329 43rd St. Des Moines, Ia 50312		250.-	<input type="checkbox"/>
10/18/08	ID# 6077 CK# 2009	Ia Pharmacy PAC 8515 Douglas Suite 16 Des Moines, Ia 50322		100.-	<input type="checkbox"/>
10/18/08	ID# CK# 3658	Adra Coghlan 710 E. Barry Ln. Mt Pleasant, Ia 52641		25.-	<input type="checkbox"/>
10/18/08	ID# CK# 6018	John Roederer 3000 Hickory Ln. Mt Pleasant, Ia 52641		25.-	<input type="checkbox"/>
10/18/08	ID# 6125 CK# 2771	Iowa Realtors PAC 1370 NW 14th St. #100 Clinton, Ia 50325		1000.-	<input type="checkbox"/>
10/18/08	ID# CK# 1890	Dan Spenner 1811 E. Parkview Lane Mt Pleasant, Ia 52641		50.-	<input type="checkbox"/>
10/20/08	ID# CK# 5597	Carolyn Boek 605 W. Cherry St. Mt Pleasant, Ia 52641		50.-	<input type="checkbox"/>
11/30/08	ID# 6237 CK# 2096	Abate PAC 3118 Canton Ave. NE Cedar Rapids, Ia 52402		300.-	<input type="checkbox"/>
10/12/08	ID# 6162 CK# 1470	Iowa Business Employees PAC 900 Des Moines St. Des Moines, Ia 50309		100.-	<input type="checkbox"/>
SUB-TOTAL				\$ 1925.-	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen For Heaton

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/21/08	ID# 9743 CK# 140	Louise Carhuys Fed Pac P.O. Box 825 Annis, Ia 50010-0825		\$ 300.-	<input type="checkbox"/>
10/21/08	ID# 6076 CK# 1611	La Coligathic PAC 950 12th St. #3-0002 Des Moines, Ia 50309		500.-	<input type="checkbox"/>
10/21/08	ID# CK# 1551	Josh M. Machan P.O. Box 88 Lewistown, Ia 50126		200.-	<input type="checkbox"/>
10/21/08	ID# CK# 8701	Donald Soage 1571 540th St. 3rd Independence, Ia 50644		150.-	<input type="checkbox"/>
10/22/08	ID# 6052 CK# 3335	Independence Citizens PAC 4000 Westown Pkwy. West Des Moines, Ia 50265		250.-	<input type="checkbox"/>
10/22/08	ID# CK# 7112	Robert Gardner 508 S. Harrison St. 447 Pleasant, Ia 52691		50.-	<input type="checkbox"/>
10/22/08	ID# CK# 1399	Rory Johnson 1945 Andrews Dr. Pleasant Hill, Ia 50327-0913		25.-	<input type="checkbox"/>
10/22/08	ID# CK# 1157	Brad May 1967 Sumner Dr. Fort Dodge, Ia 50501		25.-	<input type="checkbox"/>
10/22/08	ID# CK# 11870	Tom Lurio 2301 N. Court Atterbury, Ia 52501-1215		25.-	<input type="checkbox"/>
10/22/08	ID# CK# 7818	Mike Peterson 1203 27th Ave Council Bluffs, Ia 51501		25.-	<input type="checkbox"/>

SUB-TOTAL

\$ 1550

TOTAL (if last page of this schedule)

\$

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Page 2 of 3
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen for Heaton

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/22/08	ID# CK# 6076	Carol Wood 245 Glenridge Circle Council Bluffs, Ia 51503-6602		\$ 25.-	<input type="checkbox"/>
10/22/08	ID# CK# 10199	Robert Schulz 12800 74th St. Council Bluffs, Ia 51503		25.-	<input type="checkbox"/>
10/23/08	ID# 9659 CK# 1533	Legislative of Iowa Insurance PAC P.O. Box 1756 Des Moines, Ia 50306-1756		250.-	<input type="checkbox"/>
10/25/08	ID# 9737 CK# 1137	LaHaynes-Horsman Assoc PAC P.O. Box 107 Hammond, Ia 50112		150.-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$454.00

TOTAL (if last page of this schedule)

\$3,125.00

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Page 3 of 3
(for Schedule A)

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens For Heston

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/20/08	Long Farm Bureau Fed. PAC 5445 University Ave West Des Moines, IA 50266		Mailing	\$ 1,177.50	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

1,177.50

TOTAL (if last

\$

page of this
schedule)

1,177.50

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

 Page 1 of 1
(for Schedule E)

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens For Heaton

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/20/08	Leavenworth Farm Bureau Fed. PAC 5400 University Ave West Des Moines, IA 52266		Mailing	\$ 1,177.50	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 1,177.50

TOTAL (if last
page of this
schedule)

\$ 1,177.50

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Page _____ of _____
(for Schedule E)